

Demographic Data Form
Counseling Outreach and Mental Health Therapy Project (COMHT)

[The COMHT Project is funded in whole, or in part by the Nebraska Department of Health & Human Services]

[Please note the Demographic Data Form has been revised, and, with an additional item for statistical information.]
 [Please destroy the old Data Form and copy this REVISED Data Form as needed, Thank You!]

NOTE: This form needs to be filed with every voucher submitted for payment.

Date of Service: _____		County of Residence: _____	
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>			
Age: 0-11: <input type="checkbox"/> 12-17: <input type="checkbox"/> 18-24: <input type="checkbox"/> 25-44: <input type="checkbox"/> 44-64: <input type="checkbox"/> 65+: <input type="checkbox"/>			
Race: White: <input type="checkbox"/> Black African American: <input type="checkbox"/> Native American: <input type="checkbox"/> Asian/Pacific Islander: <input type="checkbox"/>			
Hispanic Origin: <input type="checkbox"/> Not of Hispanic Origin: <input type="checkbox"/>			
Marital Status: Not Married: <input type="checkbox"/> Married: <input type="checkbox"/> Separated: <input type="checkbox"/> Widowed: <input type="checkbox"/> Divorced/Annulled: <input type="checkbox"/>			
Military Information: Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Returning from current deployment <input type="checkbox"/>			
Residence: Rural, Farm: <input type="checkbox"/> Rural, Non-Farm: <input type="checkbox"/> In Town: <input type="checkbox"/>			
Role in Agriculture: Farmer: <input type="checkbox"/> Spouse of Farmer: <input type="checkbox"/> Child of Farmer: <input type="checkbox"/> Agribusiness Owner/Worker: <input type="checkbox"/>			
Displaced Farmer: <input type="checkbox"/> Spouse of Displaced Farmer: <input type="checkbox"/> Other: <input type="checkbox"/>			
Experience with Counseling: No Previous Experience: <input type="checkbox"/> Prior Counseling, This Provider: <input type="checkbox"/>			
Prior Counseling, Another Provider: <input type="checkbox"/>			
Presenting Problem: Marital/Family: <input type="checkbox"/> Problems Coping with Daily Roles/Activities: <input type="checkbox"/>			
Depression or Mood Disorder: <input type="checkbox"/> Alcohol/Drug Misuse: <input type="checkbox"/>			
Stress over Finances: <input type="checkbox"/> Other: <input type="checkbox"/>			
Primary Diagnosis: Adjustment Disorder: <input type="checkbox"/> Alcohol Disorder: <input type="checkbox"/> Anxiety Disorder: <input type="checkbox"/> Bipolar Disorder: <input type="checkbox"/>			
Depressive Disorder: <input type="checkbox"/> Eating Disorder: <input type="checkbox"/> Other Mood Disorder: <input type="checkbox"/>			
Personality Disorder: <input type="checkbox"/> Schizophrenia or Other Psychotic Disorder: <input type="checkbox"/>			
Sleep Disorder: <input type="checkbox"/> Substance Use Disorder (Other than Alcohol): <input type="checkbox"/>			
Unspecified Mental Disorder: <input type="checkbox"/>			
Sessions Provided: Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Group: <input type="checkbox"/> Marital: <input type="checkbox"/> Other: <input type="checkbox"/>			

To receive reimbursement, service providers must:
Submit the original COMHT VOUCHER (WITHIN 30 DAYS OF Date of Service) and,
this completed DEMOGRAPHIC DATA FORM for each client visit to:
Interchurch Ministries of Nebraska, 215 Centennial Mall South, Suite #300, Lincoln, NE 68508